

Monroe Livingston County -- RSI QA Data Form

SCENE INFORMATION

Date: ___ / ___ / 20___

Dispatch Time (military) _____

Time from Dispatch to Patient's Side (minutes): _____

Requesting Agency: _____

RSI Agency: _____

RSI Agency Run #: _____

RSI Medic: _____ EMT# _____

Other Medic: _____ EMT# _____

Other Medic: _____ EMT# _____

Medical Control (hospital/MD): _____

Receiving Hospital: HH PRH RGH SMH _____

PCR #: _____

PATIENT INFORMATION

Age (years): _____

Sex: Male Female

Clinical Category: Trauma Medical

Clinical Scenario: _____

AIRWAY ASSESSMENT

BLS Airway Interventions Attempted:

Chin lift / jaw thrust

NPA OPA

High flow non-rebreather

BVM

Other _____

ALS Airway Interventions Attempted:

Intubation (Oral Nasal Digital)

LMA Combitube

BVM

CPAP

Other: _____

Patient Exam:

Mouth Opening (fingers): _____

Thyromental Distance (fingers): _____

Glasgow Coma Score: ___

Foreign materials in the airway prior to intubation?

None Teeth

Blood/clots Gastric Contents

Secretions Other _____

Indication for RSI (mark all applicable):

Potential or actual airway compromise

Ventilatory effort compromised

Combativeness (threatened SCI or airway)

Smoke inhalation / burns

Decreased mental status

None

If RSI Medic elected not to RSI patient, reason:

If RSI denied by medical control, suspected reason:

RSI PROCEDURE

Immediate Pre-RSI Vital Signs:

HR: _____ BP: _____ / _____

RR: _____ O₂Sat/FIO₂: _____ / _____

EtCO₂: _____

Immediate Post-RSI Vital Signs:

HR: _____ BP: _____ / _____

RR: _____ O₂Sat/FIO₂: _____ / _____

EtCO₂: _____

Lowest EtCO₂ during transport: _____

Lowest O₂Sat during procedure: _____

Any hypotension? Yes No

When / why?

Any bradycardia? Yes No

When / why?

Fasciculations after succinylcholine? Yes No

Gastric contents in airway during intubation? Yes No

Complete relaxation after succinylcholine? Yes No

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Premedication Drugs / Doses / Times:

Medication 1: _____

Medication 2: _____

Induction Drugs / Doses / Times:

Sedation (1st dose): _____

Paralysis (1st dose): _____

Sedation (2nd dose): _____

Paralysis (2nd dose): _____

Intubation:

Success? Yes No

Type: Oral Nasal Digital

Medic 1 number of attempts: _____

Medic 2 number of attempts: _____

Best view of laryngeal opening?

Grade 1-Easy, cords visualized

Grade 2-Moderate, cords poorly visualized

Grade 3-Difficult, only arytenoids visualized

Grade 4-Not visualized

Adjuncts used:

None

Bougie

LMA

Combitube

Cric

Esophageal placement of ETT? Yes No

Recognized immediately? Yes No

Comment:

If intubation failed, suspected reasons:

Inadequate relaxation

Difficult anatomy

Trauma

Other: _____

Secretions / blood / vomit

Insufficient time / arrived at hospital

Not applicable / successful RSI

Follow up medications:

Medication 1: _____

Medication 3: _____

Medication 2: _____

Medication 4: _____

Any other issues:

On Call Medical Director debrief performed with Dr. _____

RSI Medic Signature _____ Provider # _____ Date: ___ / ___ / 20___

RSI PROGRAM MEDICAL DIRECTOR REVIEW

Comments:

Physician Signature _____ Date: _____

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